

## Training Objectives

# EBP



(Bogue et al., 2004)

Where do EBP's start?

Risk/Need: Assess Actuarial Risk...How do we do that?

# EVIDENCE-BASED PRINCIPLES

1. Assess Actuarial Risk/Needs.

2. Enhance Intrinsic Motivation.

3. Target Interventions.

- a. Risk Principle: Prioritize supervision and treatment resources for higher risk offenders.
- b. Need Principle: Target interventions to criminogenic needs.
- c. Responsivity Principle: Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs.
- d. Dosage: Structure 40-70% of high-risk offenders' time for 3-9 months.

4. Skill Train with Directed Practice (use Cognitive Behavioral treatment methods).

5. Increase Positive Reinforcement.

6. Engage Ongoing Support in Natural Communities.

7. Measure Relevant Processes/Practices.

8. Provide Measurement Feedback.

Ask participants if they understand what these principles are? Participants should have been taught, see what they remember; how they integrate into assessments and how assessments drive supervision.

Risk/Need/Responsivity

Target higher risk

Maximize benefits of treatment

Understand psychopathy; anxiety, stress, age/gender, maturity, cognitive functioning, mental disorders

Dosage: Less than 100 hours of treatment = no change in med/high risk

Focus on current factors that influence behavior – action oriented

Standardization; consistency Fidelity

Professionalism of Staff; understanding of EBP; commitment

## ASSESS ACTUARIAL RISK/NEEDS

- Ongoing risk screening / triage and needs assessments.
- Timely, relevant measures of risk and need at the individual and population levels.
- Most reliable and valid when staff are formally trained to administer tools.
- Screening and assessment tools that focus on dynamic and static risk factors, profile criminogenic needs, and have been validated on similar populations are preferred. They should also be supported by sufficiently detailed and accurate policy and procedures.
- An ongoing function as it is a formal event. Case information that is gathered.
- informally through routine interactions and observations with offenders is just as important as formal assessment guided by instruments. Formal and informal offender assessments should reinforce one another. They should combine to enhance formal reassessments, case decisions, and working relations between practitioners and justice involved individuals throughout their supervision grant

(ANDREWS, ET AL, 1990; ANDREWS & BONTA, 1998; GENDREAU, ET AL, 1996; KROPP, ET AL, 1995; MEEHL, 1995; CLEMENTS, 1996)

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Ongoing – as an officer you are always assessing what is going on with your probationer, those observations are used to help complete the FROST

Training – it is important that staff are trained with consistency and regularity to ensure they are utilizing the assessment and applying it correctly. Complacency can lead to inaccurate assessments.

Validation – must be done on the population we are supervising. Example: the OST/FROST is validated on Arizona's probation population, if other jurisdictions use the tool, it must be validated on those populations independently. Policies and procedures must enforce and support the use of assessment based on research and training criteria.

Formal event- informally observing; formally sitting down with probationer to complete the OST and FROST in a structured interview.

## WHAT IS AN ASSESSMENT

A risk and needs assessment instrument measures offenders' criminogenic risk factors and specific needs that if addressed will reduce the likelihood of future criminal activity. Assessment instruments are actuarial tools consisting of a series of questions, designed to gather data in a structured interview, related to behaviors and attitudes that research indicates are related to the risk of recidivism.

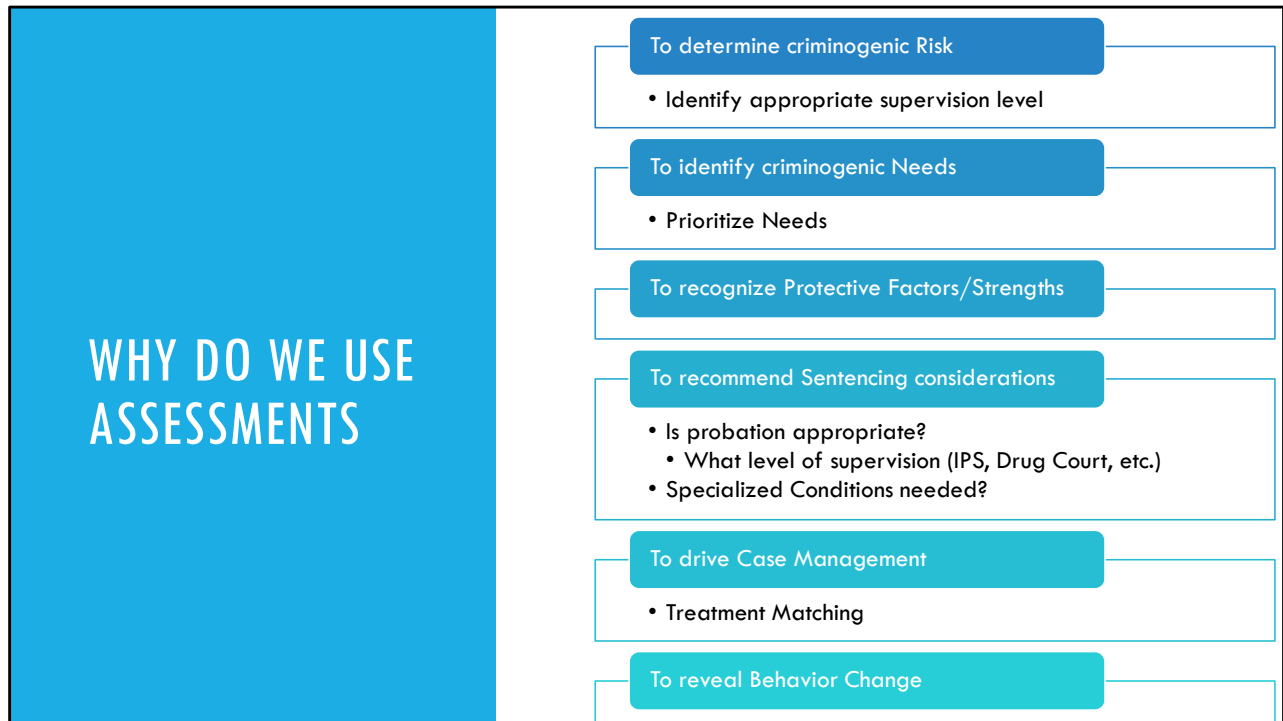
Data collected during the interview is typically supplemented with information from a criminal history records check, collateral contacts, available file information and an officer's structured professional judgement.

The risk and needs assessment instrument generates a total score that places the offender into a risk category.

Risk assessment tools are designed to help collect information that is relevant to the RNR principles. For instance, risk assessment tools, by definition, are designed to help generate estimates of individuals' risk levels (Skeem & Monahan, 2011). In addition, some tools are designed to identify criminogenic needs, such as antisocial attitudes, and responsivity factors, such as strengths (Bonta & Andrews, 2017). By structuring the routine collection of this information, tools might conceivably enable better match to the RNR principles (e.g., Douglas & Kropp, 2002). For instance, by systematically assessing risk level, professionals may be able to make more appropriate decisions about whether individuals can be safely managed in the community rather than in a secure facility. Also, by identifying criminogenic needs, professionals might be more likely to target those needs in treatment. In sum, tools are viewed as a means by which to deploy interventions that are evidence-based and individually tailored, thereby avoiding a "one size fits all" approach. In this sense, many modern risk assessment tools arose from a "rehabilitative ideal" that rejected the claim that "nothing works" and instead emphasized the importance of effective, individualized treatments rather than harsh punishments (Maurutto & Hannah-Moffat, 2007, p. 470).

**"structured professional judgement"** encourage the use of expertise/professional judgment. Be wary of personal bias creeping into your professional expertise. Your "gut" is all of your experience and education leading you to a conclusion. Use your gut to gather more information. If an answer seems out of place because your gut is telling you that, it requires follow up questions and follow up investigation.

The value of risk assessment likely lies primarily in what happens after the assessment even though risk assessment tools have limitations, they remain a best available practice there is often “a lack of follow through between the assessment and case management” (Bonta et al., 2008, p. 266).



Discussion: Ask “why do we use assessments”

protective factors are characteristics associated with decreases in the likelihood of recidivism (de Ruiter & Nicholls, 2011).

What are some protective factors/strengths?

Research consistently has shown that assessing each individual’s risk of reoffending, matching supervision and treatment to an offender’s risk level and targeting his or her unique criminal risk factors and needs with proven programs significantly improves offender outcomes, reduces recidivism and is an anchor for decision-making, but *professional discretion* remains a critical component enhances public safety.

Assessments offer potential as teaching, coaching, and motivational interview devices. Risk assessments help explain to offenders why they are receiving certain conditions and treatment, and thereby can help offenders to understand and accept their probation conditions. assessments capture risk based on the past that is difficult to change, and that probationers who are not working toward improvement will also be damaged by dynamic variables in assessments.

After explanation to probationers, assessments can legitimize officer and agency practices. It shows there is a validated tool to help behavior change, not one officer’s “opinion”

Assessments can teach probationers why certain parts of their risk are locked in and beyond officers’ discretion but also help offenders move scores on some dimensions. One reason is that going over a risk assessment can initiate reflection on the offender’s part. measures should to the degree possible allow officers to use expertise and judgment.

<b>Risk/Need</b>	<b>Response</b>
<b>History of Anti-social Behavior</b>	Build non-criminal alternative behaviors to risky situations
<b>Anti-social Personality</b>	Build problem solving, self-management, anger management, and coping skills
<b>Anti-social Cognition</b>	Reduce anti-social cognition, recognize risky thinking and feelings, adopt an alternative identity
<b>Anti-social Companions</b>	Reduce association with criminals, enhance contact with pro-social
<b>Family and/or Marital Discord</b>	Reduce conflict, build positive relationships and communication, enhance monitoring/supervision
<b>Substance Abuse</b>	Reduce usage, reduce the supports for abuse behavior, enhance alternatives to abuse
<b>School and/or work</b>	Enhance performance rewards and satisfaction
<b>Leisure and/or recreation</b>	Enhance involvement and satisfaction in pro-social activities
<b>Central Eight Risk Factors (Latessa)</b>	

The “Big Four”: History of anti-social behavior; anti-social personality; anti-social cognition and anti-social companions

The “Moderate Four”; family and /or marital discord; substance abuse; school and/or work; and leisure and/or recreation

Discussion: Why do we call it the big four and the moderate four?

The big four are usually the reason the moderate four occur – they are drivers

Discussion: What do these terms mean?

1. Antisocial Personality Pattern— impulsive, adventurous pleasure seeking, restlessly aggressive and irritable behavior; weak socialization; egocentric; risky; weak problem-solving skills, self-regulation & coping skills 2. Procriminal Attitudes—offering rationalizations for crime and expressing negative attitudes toward the law 3. Social Supports for Crime—having criminal friends and being isolated from prosocial peers 4. Substance Abuse—abuse of alcohol and/or drugs 5. Poor Family/Marital Relationships—poor family relationships and inappropriate parental monitoring and disciplining 6. School/Work Failure—poor performance and low levels of satisfaction with school or work 7. Lack of Prosocial Recreational Activities—a lack of involvement in prosocial recreational and leisure activities

Why do we care about history of anti-social behavior if we can’t change it?

Past is a predictor of future behavior. It can help identify patterns of behavior/drivers, insights into a probationer’s current attitude.



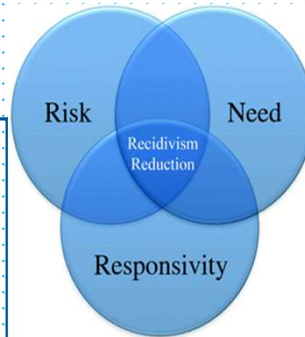
# RISK/NEED/RESPONSIVITY PRINCIPLE

## Risk:

The risk principle has two aspects: (1) the risk of criminal behavior can be predicted, and (2) the level of intervention should be matched to the risk level of the offender

## Responsivity:

Interventions are more effective if they are tailored to the needs of the individual



## Need:

The needs principle states that effective treatment should focus on addressing criminogenic needs: dynamic risk factors that are highly correlated with criminal conduct. Also, according to the need principle, effective treatment should not focus on addressing non-criminogenic needs, because changes in non-criminogenic needs are not associated with reduced recidivism.

Discussion: What is RNR?

RNR

It is important to determine risk to reoffend; target the most appropriate criminogenic needs at the appropriate time; tailor interventions that address strengths/barriers

When the RNR principle is adhered to – it leads to a reduction in recidivism.



## WHO ARE THE PEOPLE INVOLVED IN COMPLETING AN ASSESSMENT

The “Who” of the OST/FROST

The Officer and the Probationer

The assessment is a structured interview which requires the presence (virtually or in person) of the defendant.

10  
Risk/Needs  
Sections

44 Items

- 30 (70%) dynamic
- 14 (30%) static

42 Items  
Scored

- Physical Health/Medical  
not scored

## THE OFFENDER SCREENING TOOL (OST) AND THE FIELD REASSESSMENT OFFENDER SCREENING TOOL (FROST)

Discussion: Why is 70% of the assessment measuring Dynamic factors?

Risk factors are characteristics that are associated with increases in the likelihood of recidivism, whereas protective factors are characteristics associated with decreases in the likelihood of recidivism (de Ruiter & Nicholls, 2011). Risk and protective factors can either be static or dynamic in nature. Static factors are historical (e.g., history of antisocial behavior) or otherwise unchangeable characteristics (e.g., sex, race/ethnicity), whereas dynamic factors are characteristics that may change over time and/or when targeted in treatment (e.g., substance abuse; Douglas & Skeem, 2005). Criminal thinking significantly predicted treatment engagement, whereas static risks could not predict such engagement, suggesting dynamic risks (such as criminal thinking) were more robust predictors of engagement than static variables (Welsh & McGrain, 2008).

### Dynamic Risks: Criminal Thinking

The static risk factors do not account for dynamic changes in risk level. Dynamic risk factors, also referred to as criminogenic needs, reflect the offenders' current and changing conditions or attributes that they bring with them to treatment. The most widely accepted component of dynamic risk is criminal thinking, which is strongly predictive of criminal behavior (Walters, 2006). Criminal thinking represents the distorted attitudes, beliefs, and thought patterns that underlie criminal behaviors through denial, rationalization and justification of an individual's acts (Blumenthal, Carssow, & Burns, 1999; Knight, Garner, Simpson, Morey, & Flynn, 2006; Murphy, 1990).

Criminals, especially recidivistic criminals, have developed habitual methods to resolve the

life tasks that occur in diverse situations, including interpersonal situations, problem solving, and coping conditions (Samenow, 2004; Walters, 2006). Therefore, offenders with high levels of criminal thinking are considered at higher risk for recidivating upon release into a community. The literature has consistently shown criminal thinking as a good predictor of criminal behaviors. A meta-analysis review identified that antisocial attitudes yielded the largest effect size in terms of predicting criminal behaviors compared to five other factors: lower-class origins, personal distress/psychopathology, personal education/vocational achievement, parental/family factors, and temperament (Gendreau, Andrews, Goggin, & Chanteloupe, 1992). Likewise, another meta-analysis indicated that criminogenic needs and antisocial personality have surmounted actuarial factors in terms of predicting recidivism (Gendreau et al., 1996). By using The Psychological Inventory of Criminal Thinking Styles (PICTS), researchers found that criminal thinking predicted recidivism for both federal and state inmates (Walters, 1997; Walters & Elliott, 1999).

## HOW DO YOU COMPLETE AN ASSESSMENT

Scoring the OST/FROST:

Binary scoring for each item

“0” if risk factor absent

“1” if risk factor present

Category scores = % of items present

Total score = sum of all category scores

Graph the results

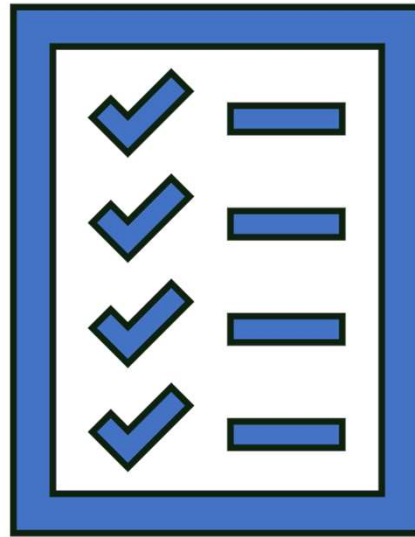

$$1+1=2$$

Risk assessments completed using structured approaches also have been shown to lead to better public safety outcomes (Mamalian, 2011).

Structured interview (Scoring Guide) and binary scoring

## THE SCORING GUIDE

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Utilizing the Scoring Guide consistently, leads to accuracy in scoring and consistency in validation of the instrument

Both our own research and meta research supports the use of scoring guides in a structured interview setting



## EVIDENCE BASED PRACTICES (EBP)

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What have we learned from our most recent research – OST/FROST validation 2018/2019  
That we still have some work to do in regards to how we score the instrument.

We also adjusted the scores for our supervision levels.

These changes are consistent with validation of an assessment. we previously made changes as a result of the 2009 validation, where we split the genders and adjusted the scoring. That is when we also removed the physical health as a risk factor and moved it to a responsivity issue.

Percent Agreement by Domain, Total Risk Score, & Overall Risk Level		
Category	OST % Agreement	FROST % Agreement
1.0 Physical Health/Medical <sup>1</sup>	99.6	99.6
2.0 Vocational/Financial	92.0	92.5
3.0 Education	98.9	98.3
4.0 Family and Social Relationships	93.8	97.3
5.0 Residence and Neighborhood	93.8	93.2
6.0 Alcohol	94.6	90.8
7.0 Drug Abuse	98.2	94.8
8.0 Mental Health	87.9	96.8
9.0 Attitude	88.4	92.2
10.0 Criminal Behavior	92.8	94.5
Total Risk Score	93.2	94.5

The 2018/2019 revalidation showed that we have high inter-rater reliability throughout multiple domains on both assessments and our overall scores agreement is outstanding. The two domains the researchers had concerns with were Mental Health and Attitude, they are over 80%, which is good, but as you'll see on the next slide there are concerns about how we reached that agreement



Kalpha Coefficients by Domain, Total Risk Score, & Overall Risk Level		
Domain	OST Kalpha	FROST Kalpha
1.0 Physical Health/Medical <sup>1</sup>	--	--
2.0 Vocational/Financial	0.74	0.75
3.0 Education	0.92	0.92
4.0 Family and Social Relationships	0.82	0.74
5.0 Residence and Neighborhood	0.79	0.90
6.0 Alcohol	0.79	0.75
7.0 Drug Abuse	0.95	0.72
8.0 Mental Health	0.62	0.81
9.0 Attitude	0.61	0.88
10.0 Criminal Behavior	0.74	0.67
Total Risk Score	0.94	0.94
Overall Risk Level	0.65	0.78
<sup>1</sup> Scores from this category are not added to the total risk score, but may be used to address offender responsivity.		

Inter-rater reliability highlighted in yellow = Low reliability (.67) suggests that there was a substantial amount of variation in scores that the sample of officers provided for the same vignette.

So, while the percentage of agreement in the domains were high, how we got there had statistically significant variations making those two categories in need of improvement. How do we improve on scoring these two categories.

Which other categories look like they could use some improvement on how we reach agreement?

Vocational/Financial, Residence & Neighborhood, Alcohol, Criminal Behavior

Why does it matter how we reached agreement so long as the risk score is coming up in general agreement?

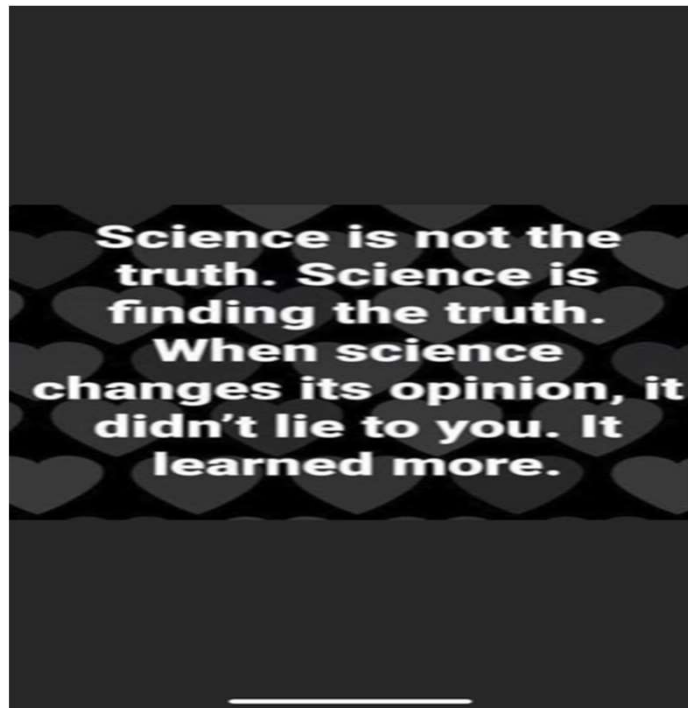
Needs: we need to pay attention to how we're scoring individual items within the domain when it comes to Need and Responsivity

## INTERNAL RELIABILITY

Domain		Overall (N = 77,881)	
		Alpha	Mean
1.0 Physical Health/Medical	.14	.65	
2.0 Vocational/Financial	2.11	.09	
3.0 Education	.46	.09	
4.0 Family & Social Relationships	2.36	.43	
5.0 Residence & Neighborhood	.30	.40	
6.0 Alcohol	.63	.64	
7.0 Drug Abuse	1.25	.80	
8.0 Mental Health	.46	.60	
9.0 Attitude	1.77	.58	
10.0 Criminal Behavior	3.11	.62	
<i>Total Score</i>	12.46	.77	

Internal reliability: highlighted in green = Whether a set of items are accurately measuring a specified construct (e.g. risk of reoffending); other factors or variable may be influencing outcomes. Are these factors relevant (greater than .70 on Cronbach acceptable)

From the 2018/2019 Validation, the researchers noted Education, Family & Social and Residence & Neighborhood as areas of concern related to internal reliability. Meaning we may not be scoring those accurately as would be expected to predict recidivism. As for the other low scores - Research finds Vocational/Financial is of concern when combined with low scores in Education; Physical/Medical not a criminogenic risk; alcohol in this validation was not found to be a high predictor of reoffending, same with Mental Health. Again, attitude is a predominant predictor in the research, we are showing low numbers for predictability, but, again, that may be related to the inter-rater reliability issues in which we are not scoring the individual questions accurately.



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Reiterating: we don't develop tools in a vacuum. We pay attention to the research/science as more data is compiled and adjust our tools accordingly. Evidence based principles are based on the medical model – how long does it take ebp's to come to fruition? 17 years from conception to practice

# OST SCENARIO

Completing the Assessment:

OST Instrument

OST Scoring Guide

Interview



Provide participants the OST Scoring Instrument, ask them to note why they are scoring the item the way they are for each item. Do not provide the Scoring Guide until you are debriefing the scenario. The purpose is to show that the Assessment tools are not simple questions, there is a lot of information you are looking for through directed questions which require motivational interviewing techniques. This exercise should emphasize the importance of utilizing the Scoring Guide.



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After scoring the scenario. Using the following slides as a guide, go through each domain question by question to discuss how each participant reached the answer they did. Utilize the Scoring Guide and the considerations in each domain  
Discuss the importance of each domain and what each domain is trying to determine, tie it back into the Central Eight Criminogenic Risk Factors – how do they play into supervision, i.e. case planning/case management?



## PHYSICAL HEALTH/MEDICAL

- Non-criminogenic
- Responsivity
- Specialty Caseloads

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Although health conditions are not “criminogenic” risk factors, they can indicate responsivity issues and influence an individual’s behavior, ability to comply with specific requirements of Standard or Intensive Probation Supervision, and/or success participating in other specialty caseloads or court programs.



## VOCATIONAL/FINANCIAL

Social Stability

Positive  
Reinforcement

Pro-social/anti-  
social

21

The Vocational/Financial domain has five items, three relating to employment and two concerning finances. The items in this domain reflect social stability as employment can provide a source of pro-social interactions and positive reinforcement in terms of monetary gain. In addition, unemployment is a risk factor for criminality, especially if coupled with low levels of vocational achievement



## EDUCATION

Problem Solving

Authority

Attitudes are  
developed

Pro-social/anti-  
social

22

The Education domain has three items; these are related to academic achievement, school behavior, and skill level. Education items reflect skills and behaviors related to a stable, pro-social lifestyle, cognitive thinking, and attitudes.





## FAMILY AND SOCIAL RELATIONSHIPS

Influences

Trauma

ACEs

Pro-social/anti-social

Protective Factors

23

The Family and Social Relationships domain has eight items. Two relate to historical family rearing conditions, three relate to family relations and influences, and three relate to non-familial social relations. This domain examines the early influences on an individual and their current source of socialization, as deviance can be learned from those closest to an individual. These variables can affect an individual's inclination toward anti-social behavior.



Why do I, as a PO, care about this?

Do you have folks on your caseload that have suffered from any of these?

Per CDC:

about 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs. Women and several racial/ethnic minority groups were at greater risk for having experienced 4 or more types of ACEs

Per AZDHS

Arizona ranks the worst in the country in ACE-exposed children. In Arizona, 31.1% of children 0—17YO have experienced 2+ ACEs. This is significantly higher than the national average (22.6%). Worse, 44% of Arizona children 12-17YO have experienced 2+ ACEs, higher than the national average of 30.5%.

CDC:

ACEs can have lasting, negative effects on health, well-being, as well as life opportunities such as education and job potential. These experiences can increase the risks of injury, sexually transmitted infections, maternal and child health problems (including teen pregnancy, pregnancy complications, and fetal death), involvement in sex trafficking, and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide.

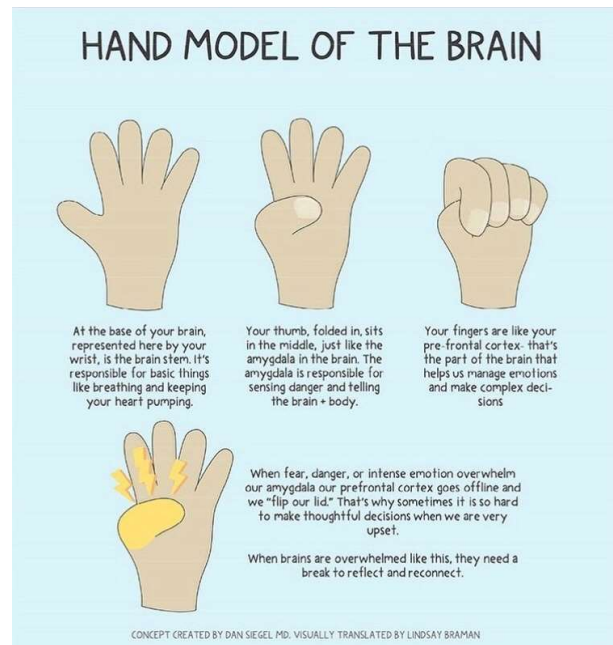
COSTS \$260 million/year

CDC:

ACEs and associated social determinants of health, such as living in under-resourced or racially segregated neighborhoods, frequently moving, and experiencing food insecurity, can cause toxic stress (extended or prolonged stress). Toxic stress from ACEs can change brain development and affect such things as attention, decision-making, learning, and response to stress.

# PERCEPTIONS OF YOU

## “FLIP YOUR LID”



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For folks with Trauma: Flipping your Lid is exasperated by constant trauma – it is harder for them to use their upstairs brain – they may perceive you as a threat without you saying a word. This can lead to them acting out with you, and compromise how you conduct your assessment interview or how you perceive the offender when it comes to scoring the OST/FROST.

# RESIDENCE & NEIGHBORHOOD



Figure 1

## Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				
<b>Health Outcomes</b> Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					

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Why is it important to recognize SDOHs?

Per Byrne & Pattavina: Person- environment interactions are a predictor of recidivism; community level factors have an impact on the likelihood of an individual reoffending while under community supervision

How do these have an impact on how you assess and then supervise people on probation?

Are people surrounded by access to drugs, gangs, weapons, violent crime? Is there availability of employment, community supports – others looking out for them, are they safe at night?

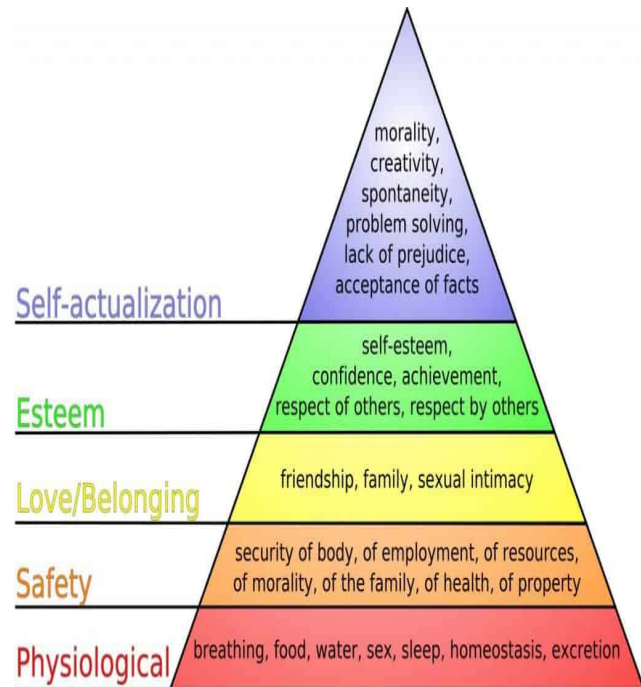
Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Housing Instability, Food Insecurity, Transportation Problems, utility needs, Interpersonal Safety, Financial Strain, Employment, Family and Community support, Education Physical activity, access to/availability of illicit substances, disabilities, lack of access to healthcare/mental healthcare/substance misuse treatment

Homelessness, hunger and exposure to violence can contribute to criminal behaviors as people do what they can to survive

Lack of access to SDOHs = lack of protective factors

# MASLOW'S HIERARCHY OF NEEDS



People on probation are people, Agreed?

How do you motivate people to change? What do they need?

How does ACEs/Trauma and SDOH factor into these basic needs



The Alcohol domain has three items. Alcohol abuse in certain populations correlates with increased risk of recidivism. Alcohol abuse within the general population can also increase anti-social behaviors, cognitions, and influences leading to lack of compliance.



## DRUG ABUSE

Anti-social  
Companions  
Misuse/abuse  
Cognitions  
Influences

The Drug Abuse domain has three items similar to those in the Alcohol domain. Drug abuse may be use of illegal drugs *or* improper use of lawfully prescribed medication (i.e., abused/used not as directed by the prescribing physician). A substance abuse problem is a risk factor correlated with recidivism.





Why is Prop 207 relevant to the assessment?

Prop 207 became law: ARS 36-2852 on December 1, 2020.

Expungement of marijuana related charges starts July 12, 2021 (ARS 36-2862).

The crimes that can be expunged include:

Transporting, consuming, or transporting 2.5 ounces or less of marijuana

Cultivating, transporting, or processing no more than six marijuana plants at your primary residence for your personal use

Transporting, using, or possessing paraphernalia that is related to cultivating, processing, manufacturing, or consuming marijuana



## DRUG ABUSE DOMAIN



**Current  
Item 7a**

**Any illegal drug use over the past year**  
**Bottom line:** Has the individual used any illegal drug during the past year?  
 0: No  
 1: Yes (includes experimentation)

### Considerations:

#### **General**

- This item is based on individual illegal drug use or improper use of lawfully prescribed medications during the past year.
- Officers should use motivational interviewing techniques, training, and professional judgment to determine the extent of illegality of lawfully prescribed medication use.

**0:** A score of "0" is merited if, in the past year, the individual:

- Never used illegal drugs
- Used more than one year ago

**1:** A score of "1" is merited if, in the past year, the individual:

- Engaged in illegal drug use (even if it was experimentation)
- Abused lawfully prescribed medication

Do we need to rethink the basis of this question due to the legalization of recreational marijuana?

A.R.S. 36-2852 Recreational use

A.R.S. 36-2817 Medical Marijuana

It is not like alcohol; you can not penalize for use; UA's cannot distinguish legal vs. illegal use

Per David Withey:

Probationer's use of marijuana may be carefully monitored and limited to this permitted protected use.

Cannot add a term that says no marijuana:

"We therefore hold that any probation term that threatens to revoke probation for medical marijuana use that complies with the terms of AMMA is unenforceable and illegal under AMMA." Id. at 123, ¶ 14. Likewise, a probation condition that prohibits or restricts recreational marijuana use permitted under Proposition 207, would violate § 36-2852(A) by denying the privilege of being on probation without the threat of the penalty of probation revocation solely due to use of marijuana permitted by Arizona law.

Treatment and Marijuana

Many treatment programs require abstinence from mind-altering substances as part of their programs. However, A.R.S. § 36-2852 prohibits loss of the privilege of continuing on probation or a penalty, such as time in jail or modification to IPS, as a consequence of refusing to abstain from use of marijuana permitted by law. This statute does not prohibit requiring a probationer to attend a program designed to reduce or eliminate marijuana use through therapy, incentives, and other non-punitive means.

Sanctions: yes; legal penalties/loss of liberty: no

## WHAT SHOULD PROBATION OFFICERS SAY TO PROBATIONERS ABOUT USE OF MARIJUANA?

The production, purchase, possession, and use of marijuana is highly regulated by both the AMMA and the new Act. Though penalizing permitted use is inconsistent with Proposition 207, ignoring a probationer's use of marijuana is not an option either since the law significantly regulates the permitted use of marijuana as to the source, the quantity, and the locations where it may be used. Marijuana is still illegal in a manner that may be difficult for probationers to navigate. For this and other reasons it is within the scope of their duties for probation officers to counsel probationers about the use of marijuana.

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Per David Withey



## MENTAL HEALTH

Criminogenic or Non-criminogenic?

Responsivity

Anti-social tendencies

Co-occurring

33

The Mental Health domain has two items. Mental health issues alone are not significantly related to criminal behavior, but they are a responsivity factor and can influence life skills, anti-social tendencies, and compliance with treatment, interventions, and supervision conditions. Mental health issues involving co-occurring (comorbid) disorders are a significant factor.

# ATTITUDE

- Totality of interview/supervision
  - Mollification/Rationalizations
  - Entitlement
  - Super Optimism
  - Discontinuity
  - Cutoff
  - Power Orientation
  - Cognitive Indolence
  - Sentimentality



Attitude is Everything

The Attitude section is the most difficult to score and to find interrater reliability. We tend to score it subjectively, as its “attitude” seems to be a nebulous term that means different things to different people. Yet, it is the greatest predictor of risk.

Attitude is the hardest to change

The most dominant of these eight factors are referred to as the “big four” and include history of antisocial behaviors, antisocial personality pattern, antisocial cognitions, and interaction with antisocial associates (Andrews & Bonta, 2006). Much of the attention given to the “big four” has been focused on the factor of antisocial cognitions. These cognitions, also known as criminogenic thinking, have been described in the literature as patterns of thought that perpetuate criminal behavior (Walters, 2009a).

Research has shown that criminogenic thinking is predictive of a spectrum of illegal and otherwise problematic behaviors. Specifically, criminogenic thinking has been shown to be associated with poor institutional adjustment, institutional violence, non-completion of treatment, and recidivism (Walters, 2006, 2009b; Walters & Schlauch, 2008).

Criminogenic thinking has been identified as a promising focus in recidivism-reduction interventions because it is a dynamic criminogenic need that may be altered via cognitive-behavioral intervention. Yochelson and Samenow (1976) were the first to explore criminogenic thinking patterns and posited that this problematic cognitive style persists throughout a criminal’s career. They described three main categories of criminogenic thinking (i.e., criminogenic thinking patterns, automatic errors of thinking, and a

problematic thinking process that spans from idea to execution), recurrent criminal behavior results from individuals' thought, social interactions, and environmental factors. Walters (1990) used these three main influences to conceptualize eight different but corresponding criminal thinking styles (i.e., mollification, entitlement, superoptimism, discontinuity, cutoff, power orientation, cognitive indolence, and sentimentality), and theorized that the interaction of these thinking styles creates and perpetuates the criminal lifestyle. Toward an even better

understanding of criminogenic thinking, Mandracchia, Morgan, Garos, and Garland (2007) compiled the specific thinking patterns described by Yochelson and Samenow as well as Walters, along with more general thinking errors that perpetuate problematic behavior described by Beck (1976) and Ellis (1974). On examining the factor structure of these dysfunctional thinking patterns, Mandracchia et al. (2007) found three factors of criminogenic thinking: one that reflected a need to maintain power over oneself, others, and the environment (**Control**); one that characterized overly simplistic and ineffective thinking as well as a self-pitying perspective (**Cognitive Immaturity**); and one that emphasized self-importance and self-focus (**Egocentrism**).

Relationship between criminogenic thinking and antisocial personality characteristics, particularly given that both constructs are included in the "big four" risk factors and that they both relate, in whole or in part, to cognitive processes. In considering the most extreme form of antisocial personality, examining psychopathic personalities may help explain the consistency of antisocial attitudes, values, and behaviors evidenced in repeat offenders. Because psychopathic characteristics are considered to be a set of personality traits, and personality is known to affect cognitions (Jones, Miller, & Lynam, 2011), it stands to reason that psychopathic characteristics may influence an individual's criminogenic thinking. A better understanding of this relationship is germane to developing and implementing effective recidivism-reducing interventions. Although research has shown independently that psychopathy and criminogenic thinking are each associated with a higher risk of recidivism, a better understanding of their interrelationship will inform whether the presence of psychopathic characteristics indicative of specific criminogenic cognitions (Gonsalves, Scalora, & Huss, 2009; Morgan, Fisher, Duan, Mandracchia, & Murray, 2010). The link between psychopathy, criminogenic cognitions, and criminal recidivism has been suggested previously (Andrews, Bonta, & Hoge, 1990); however, the present study provides unique empirical evidence from a sample of male prisoners supporting the relationship between these two established predictors of criminal recidivism, which have previously been considered independently of each other. Furthermore, the present findings suggest the novel notion that the relationships between subtypes of psychopathy and criminogenic thinking are more nuanced than previously considered.

1. **Mollification:** a tendency to rationalize, to deny harm to others and divert blame by questioning the motives of others. "The security guard knew his job was dangerous and he shouldn't have drawn his gun. I wouldn't have shot him if he hadn't."
2. **Cutoff:** the career criminal quickly stops evaluating the outcome of his behavior. "What the hell, I'm already here at the bank, I might as well go through with the robbery."

3. **Entitlement:** They have the right to do what they want because it's all about them. He told a story about a criminal whose mother was diagnosed with terminal cancer, and who asked for a phone call to her. But instead of anything sympathetic, he asked "Where's the check you usually send me?"
4. **Power Orientation:** the tendency to only look at others and situations as the strong versus the weak. If you are perceived as weak, the criminal will seek to exploit you—even if you are trying to be helpful.
5. **Sentimentality:** They see themselves in a positive light because they feel sentimental about some things, like children and small animals. "I'm a good person because I donate to charity or take care of a dog." This is also why pedophiles are the lowest in the pecking order in prison, because the other inmates are sentimental about children.
6. **Super Optimism:** The belief that they are invincible. They have a fantasy belief that they won't get caught. It's the Achilles heel of career criminals, because they operate within patterns that have worked before, even though there is always a threat that they won't work this time.
7. **Cognitive indolence or laziness:** Their thinking style takes the path of least resistance. They are lazy and easily bored and will go outside society's rules just to do something different. They're always pushing the limits and making that one step over the line. This habit begins in childhood, where they are the first to smoke, drink, do drugs or have sex. However, this need to break the rules often declines after age 40, as they settle into a routine.
8. **Discontinuity:** They are easily distracted by their environment and lose sight of their objectives. Even a criminal who manages to turn his life around during or after prison is still vulnerable to falling into old patterns.

Attitude:

#### CRIMINAL THINKING

Entitlement, rationalization, and personal irresponsibility were used to assess criminal thinking

#### **Entitlement.**

These statements focused on an offender's belief that he/she deserves some privilege, rewards, or benefit (e.g., "You have paid your dues in life and are justified in taking what you want" and "Society owes you a better life").

**Rationalization**, which refers to an offender's disrespect or negative attitude toward people and the legal system (e.g., "This country's justice system was designed to treat everyone equally").

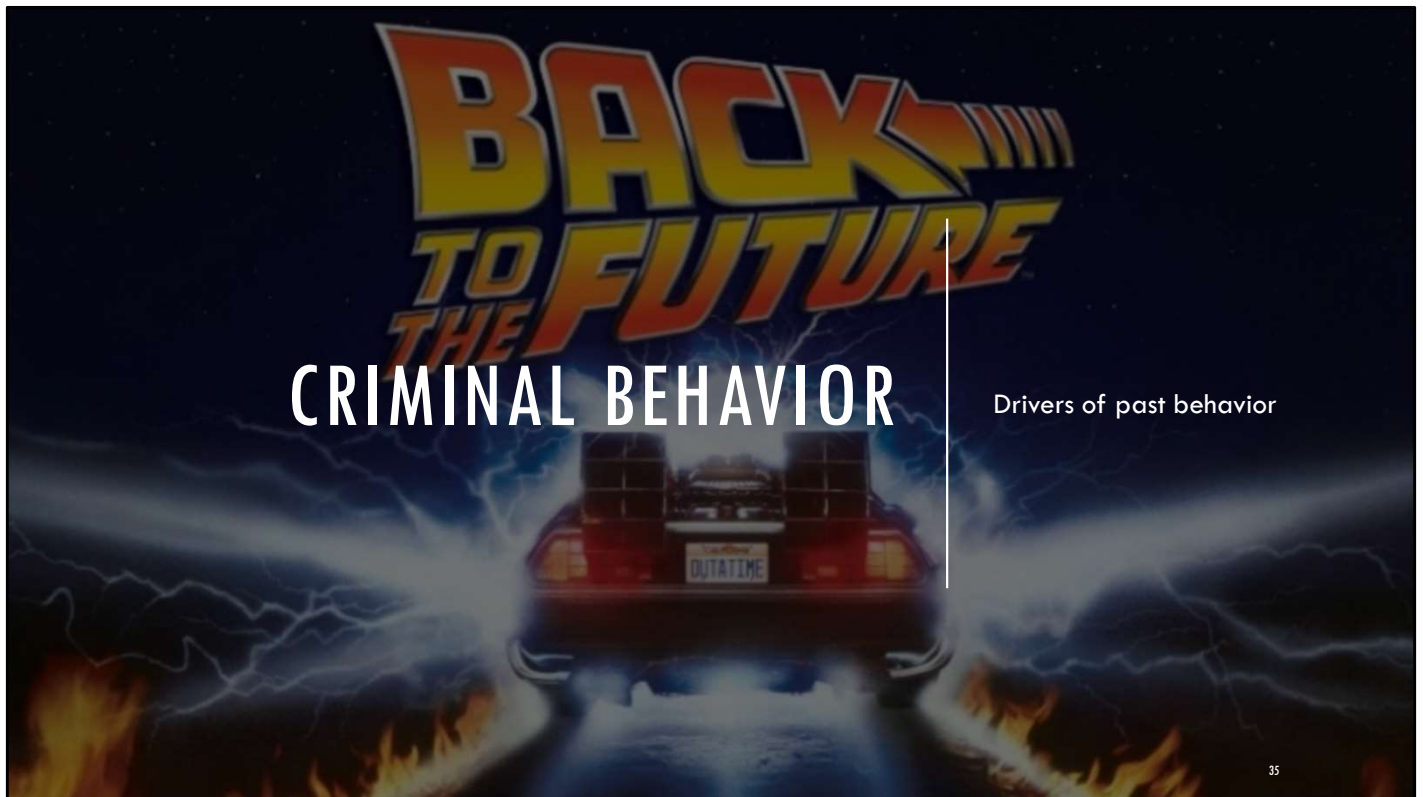
**Personal Irresponsibility**, which is an offender's attribution for criminal actions and incarceration (e.g., "You are locked-up because you had a run of bad luck").

Certain patterns of criminal thinking (e.g., entitlement of criminal conduct and privilege, refusal of personal responsibility, disrespect of the legal system) developed by offenders tend to impact their perception and receptivity of treatment, and alter the way they acknowledge

their problems and perceive their interactions with counselors and peers, thus affecting the extent to which they participate in treatment, feel satisfied with therapies, follow the counselor's guidance, endorse the treatment goals, and interact with peer clients. Collectively, these criminal attitudes are believed to have an influence on offenders' acceptance or rejection of corrections-based treatment and, ultimately, on recidivism.

Recent research indicates that criminal thinking is malleable and can be improved with interventions (Lipsey, Landenberger, & Wilson, 2007). Interventions targeting criminal thinking may therefore have promise for reducing the effects of high pretreatment risk factors and criminogenic needs on during-treatment performance as well as the posttreatment outcome.

Third, in addition to the direct effect, criminal history exerts an indirect effect on recidivism (even though not as large as the direct effect) by influencing criminal thinking and treatment engagement, which can be changed by an effective treatment. This finding implies that for clients with more criminal involvement, counselors may consider making more efforts to address the distorted cognitive patterns.

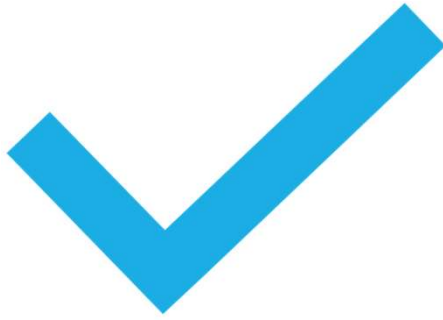


The Criminal Behavior domain has nine items. Research shows that past behaviors are the strongest predictor of future behaviors. A history of criminal arrests and convictions is a significant predictor of recidivism.

Discussion should also include how officers address this static, yet significant factor with probationers? How do you encourage them to change if this number can never go down?



WHAT DID YOU COME UP  
WITH FOR A SCORE?



# SUPERVISION LEVELS

	MALES	FEMALES
Low	0-7	0-10
Medium-Low	8-10	11-13
Medium-High	11-15	14-18
High	16+	19+

As of 4/27/2020; changed as a result of 2018/2019 validation by UCCI

# ACJA

## Contact Standards

6-201.01K; *Minimum Supervision Requirements*

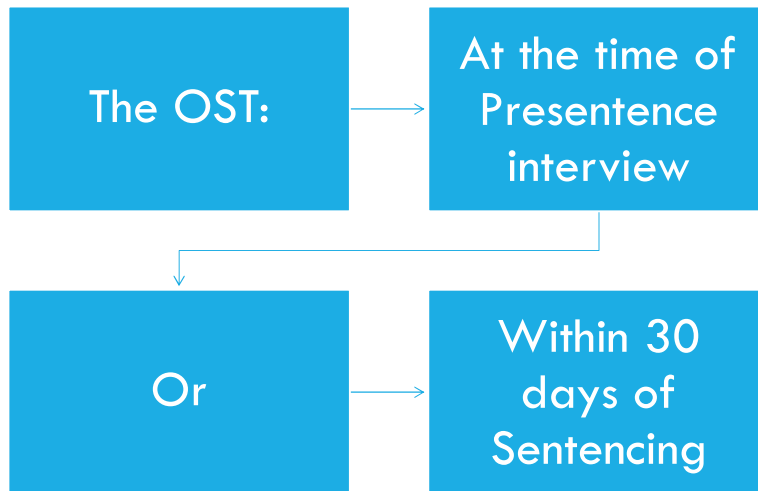
6-202.01N; *Minimum Supervision Requirements*



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Now that we know the score. How do we supervise?

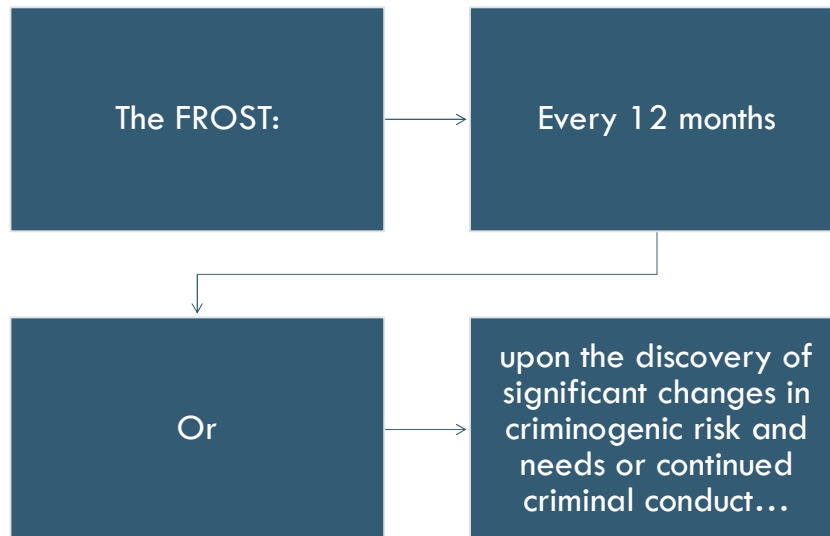
We treat each person individually. ACJA sets minimum standards for contact supervision and interventions with probationers. If you have probationers that need supervision at a higher level, temporarily, due to specific circumstances that do not require a reassessment. You can supervise them at a higher level until they stabilize. Staff the case with a supervisor and enter into contact notes why you are supervising the person outside the minimum code requirements.



## WHEN SHOULD AN ASSESSMENT BE COMPLETED

A probationer should have only 1 OST attached to them during the life of their probation. The only time a probationer should have more than one OST is if they are discharged from probation, for whatever reason, and then end up back on probation for an entirely new case (that did not occur while under supervision). An exception may be if a probationer on supervision commits a crime in another county and the sentencing judge requests an OST. However, a FROST may still be acceptable with the permission of the judge. If a probationer commits a new crime in your jurisdiction while under supervision a FROST should be done, not an OST.

## WHEN SHOULD AN ASSESSMENT BE COMPLETED



Research shows that it takes people at least 6 months to change. Research mentions a 9 - 12 month window for reassessing to determine change; some research states that it might be prudent to reassess after treatment completion, which would be a justification for a 9-12 month window. I would caution on time frames to ensure that positive behaviors learned in treatment have an opportunity to take hold in the course of a person's life outside of the support of treatment.

Ask for examples of what circumstances would warrant a FROST being completed prior to 12 months?

## HOW DO WE SUPERVISE BASED ON SCORE

Low Risk – 100 hours of intervention, if needed; hands off, self correctors

Medium Risk – 200 hours of intervention; the bulk of people on probation; pour resources into these folks.

High Risk – 300 hours of intervention; make sure treatment matches risk.

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Low Risk (moderate): Hands off does not mean Unsupervised. You have to monitor where people are at – do they have any criminogenic or emerging criminogenic needs

Medium Risk: most of your caseload; you have the highest chance of making a difference with these folks

High Risk: research shows they recidivate at a higher rate (not a surprise); make sure your “surveillance” is matched by your supervision interventions and treatment. Keep in contact with these folks.



Activity to reinforce what officers learned from Day 1. Big Board of Facts

# FROST SCENARIO

Completing the Assessment:

FROST Instrument

FROST Scoring Guide

Interview



Provide participants the FROST Scoring Instrument, ask them to note why they are scoring the item the way they are for each item. For the FROST scenario, allow officer to use the FROST Scoring Guide. Ask them how scoring was different for them being able to use the Scoring Guide as opposed to the absence of it when they scored the OS



## HOW HAVE THINGS CHANGED?

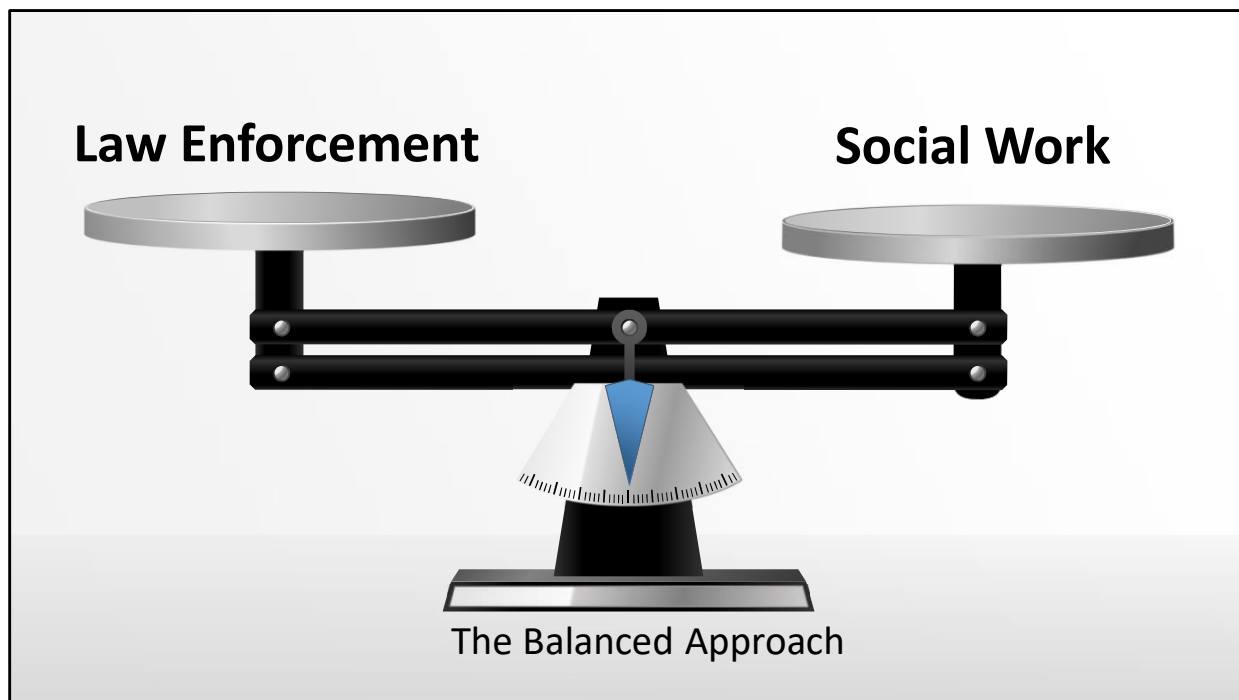


### **Field Reassessment Offender Screening Tool: Scoring Guide**



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As with the OST activity, utilize the Scoring Guide to discuss each item/domain and have officers discuss why they did or did not change the score from the OST to the FROST. This is an opportunity to reiterate the importance of the Scoring Guide and how measuring changes impacts how we supervise probationers.



It is important for officers to know that being a probation officer requires equal balance of consequences and interventions. Too heavy on law enforcement results in an increase in technical violations and probationers ending up in prison rather than working on change behavior; too heavy on social work and probationers lack accountability leading to increased criminal activity and potential for further victimization of the community.

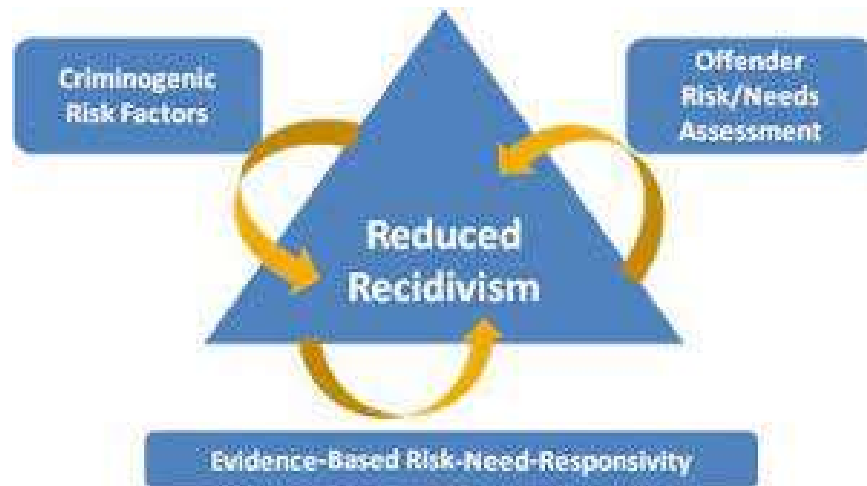
Kennealy, Manchak and Skeem: Parolees whose supervising officers used either a law enforcement model or a social casework model had worse outcomes than those whose officers employed a “balanced” approach to supervision that emphasized both components. Specifically, those parolees with a balanced officer had a 19 percent revocation rate, whereas those with a law enforcement or social casework officer had revocation rates of approximately 59 percent and 38 percent, respectively (Papozzi & Gendreau, 2005). Similar findings have also been noted in probation samples as well

Specifically, authority figures must give offenders a voice. Offenders must know that they are entitled to express their views and that their opinion is valid and valued. Officers can do this by taking the time to have conversations with offenders, actively listen (e.g., make eye contact, show interest and concern, reflect and summarize the offender’s statements) and consider the offender’s viewpoint and situation when making decisions. They should have conversations *with* rather than talk *at* the offender. Officers should also include offenders in decision-making. Officers can solicit the offenders’ views and opinions and incorporate them (when feasible) into case management decisions. Finally, offenders need to feel that the *process* of control is fair. Punishment cannot and should not be meted out haphazardly or inconsistently

Research on these differing role emphases has found that officers who take a balanced

approach tend to have lower rates of rule violations among offenders on their caseloads, whereas the law enforcers and social workers tend to have higher rates of probationers violating supervision rules (Paparozzi & Gendreau, 2005; Skeem & Manchak, 2008).

## WHAT DOES IT ALL MEAN



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It requires a multi-prong approach to create behavior change and reduce recidivism.

## WHO TO CONTACT



Krista Forster  
[kforster@courts.az.gov](mailto:kforster@courts.az.gov)  
(602) 452-3558